Collaborative Specialization in Indigenous Health (CSIH)

Student Application Form

Please complete this form and forward to the CSIH Director. Include a copy of your resume or CV with your application.

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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3. **Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

4. **Phone Number:** Current: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home (permanent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. **Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. **Degree Sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Brief Summary of Academic Background and Interests that relate to**

**Indigenous Health (provide only highlights that are relevant including**

**knowledge of Indigenous research methods, OCAP, or lived experience):**

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1. **Briefly describe reasons for wanting to participate in CSIH (can attach a separate 1-2 page personal statement with your potential research/practicum):**

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10. **What other Indigenous health courses do you intend to take (specifically for**

**Masters students who are enrolled in a 10 course option? Ensure to**

**add/enroll in SRY3333 (Masters – 2nd year) or SRY4444 (Doctoral – 1st year)**

**for the Seminar series**

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed Electives** | **Dates** | **Intended Electives** | **Dates** |
|  |  |  |  |
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12. **Your** **Degree Requirements** (check all applicable):

Thesis/Dissertation \_\_\_\_; Practicum \_\_\_\_; In Depth Research Paper \_\_\_\_

1. **Intended Topic or Focus of Thesis, Practicum or Research Paper**:

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14. **Members of Thesis or Dissertation Committee including Core CSIH faculty**:

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15. **Fellowships Held (i.e., CIHR Doctoral Fellowship):**

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16. **Other Relevant Information:**

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17. **Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**